

U. S. DEPARTMENT OF ENERGY
OFFICE OF SCIENCE -- CHICAGO OFFICE

NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)
ENVIRONMENTAL EVALUATION NOTIFICATION FORM

To be completed by "Applicant," i.e., organization receiving funds and/or implementing Federal Actions as defined by 40 CFR § 1508.18. For assistance, refer to "Instructions for Preparing SC-CH F-560, Environmental Evaluation Notification Form."

Solicitation/Award No. (if applicable): RFP No. DE-SOL-0006888; Contract No. DE-SC0011924
Organization Name: Trinity Engineering Associates, Inc.
Title of Proposed Project/Research: Technical Support Services
Total DOE Funding/Total Project Funding: \$3.9M

I. Project Description (use explanation page if additional space is required):

A. Proposed Project/Action (if applicable, delineate Federally funded/Non-Federally funded portions)

Award of follow-on contract for Technical Support Services for the Office of Science in the functional areas of Policy Assistance, Project and Program Management, Assessment, Analysis, Communication, and Specialized Technical Training. The technical support areas include, but not limited to, as they relate to the functional areas above, Environment, Safety, Health, Facilities, Program and Project Management, and Other areas (i.e. Lessons Learned, Quality Assurance, Isotope Program Operations, etc).

B. Would the project proceed without Federal funding?

Yes No

If "yes," use explanation page.

II. Description of Affected Environment:

Locations include, but not limited to:

- Ames Site Office (AMSO), Argonne, IL; • Argonne Site Office (ASO), Argonne, IL;
- Brookhaven Site Office (BHSO), Upton, NY; • Fermi Site Office (FSO), Batavia, IL
- New Brunswick Laboratory (NBL), Argonne, IL; • Pacific Northwest Site Office (PNSO), Richland, WA
- Princeton Site Office (PSO), Princeton, NJ; • SC- ISC Chicago Office (SC-CH), Argonne, IL; • SC Headquarters BES Germantown, MDL

III. Preliminary Questions:

- A.
- Is the DOE-funded work routinely administrative or *entirely* advisory or a "paper study?"

Yes No ***If "Yes", ensure that the description in Section I reflects this and go directly to Section V.***

- B.
- Is there any potential whatsoever for:

Provide an explanation for each "Yes" response.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. Work to be performed outdoors? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Major modification of a building interior? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Threat of violation of applicable statutory, regulatory, or permit requirements for environment, safety, and health? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Siting, construction or major expansion of waste treatment, storage, or disposal facilities? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Disturbance to hazardous substances, pollutants, or contaminants preexisting in the environment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. The presence of any environmentally-sensitive resources? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Potential for high consequence impacts to human health or the environment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. The work being connected to another existing/proposed activity that could potentially create a significant impact? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Nearby past, present, and/or reasonably foreseeable future actions such that collectively significant impacts could result? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Scientific or public controversy over whether impacts could be significant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "No" to ALL Section III.B. questions, go directly to Section V.IV. Potential Environmental Effects:***Provide an explanation for each "Yes" response.***

- A.
- Sensitive Resources: Could the proposed action potentially result in changes and/or disturbances to any of the following resources?

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. Threatened/Endangered Species and/or Critical Habitats | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Other Protected Species (e.g., Burros, Migratory Birds) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Sensitive Environments (e.g., Tundra/Coral Reefs/Rain Forests) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Cultural or Historic Resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Important Farmland | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Non-Attainment Areas for Ambient Air Quality Standards | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Class I Air Quality Control Region | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Special Sources of Groundwater (e.g. Sole Source Aquifer) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Navigable Air Space | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Coastal Zones | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Areas with Special National Designation (e.g. National Forests, Parks, Trails) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Floodplains and/or Wetlands | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

B. Regulated Substances/Activities: Would the proposed action involve any of the following regulated Items or activities?

	Yes	No
13. Natural Resource Damage Assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Invasive Species or Exotic Organisms	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Noxious Weeds	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Clearing or Excavation (indicate if greater than one acre)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Dredge or Fill (under Clean Water Act, Section 404, greater than one acre)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Noise (in excess of regulations)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Asbestos Removal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Polychlorinated biphenyls (PCBs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Import, Manufacture, or Processing of Toxic Substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Chemical Storage/Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Pesticide Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Hazardous, Toxic, or Criteria Pollutant Air Emissions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Liquid Effluents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Spill Prevention/Surface Water Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Underground Injection	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Hazardous Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Underground Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Radioactive or Radioactive Mixed Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Radiation Exposure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Nanoscale Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Genetically Engineered Microorganisms/Plants or Synthetic Biology?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Ozone Depleting Substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Greenhouse Gas Generation/Sustainability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Off-Road Vehicles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Biosafety Level 3-4 Laboratory	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C. Other Relevant Information: Would the proposed action involve the following?

	Yes	No
38. Existing, Modified, or New Federal/State Permits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. Disproportionate Nearby Presence of Minority and/or Low Income Populations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. Action/Involvement of Another Federal Agency (e.g. license/permit, funding, approval)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. Action of a State Agency in a State with NEPA-type law	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. Public Utilities/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. Depletion of a Non-Renewable Resource	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Other Pertinent Information Which Could Impact Human Health or the Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>

V. Applicant Certification that to the best of their knowledge all information provided on this form is accurate:

Does this disclosure contain classified, confidential, or other exempt information that DOE would not be obligated to disclose pursuant to the Freedom of Information Act? Yes No

A. Organization Official (Name and Title): _____

Signature: _____ Date: _____

e-mail: _____ Phone: _____

B. Optional Secondary Approval (Name and Title): _____

Signature: _____ Date: _____

e-mail: _____ Phone: _____

Remainder to be completed by DOE

VI. DOE Concurrence/Recommendation/Determination:

A. DOE Project Director/Program Manager or Contract/Grant Management Specialist:

Has the Applicant completed the Form correctly?
Does an existing Generic Categorical Exclusion apply?
If yes, indicate: _____

Yes No

Name and Title: Marlene Martinez

Signature: *Marlene Martinez* Date: 6/13/2014

B. DOE NEPA Team Review:

Is the class of action identified in the DOE NEPA Regulations (Appendices A-D to Subpart D (10 CFR § 1021))?
If yes, specify the class(es) of action: A8

Yes No

Name and Title: _____

Signature: _____ Date: _____

C. DOE Counsel (if requested):

Name and Title: _____

Signature: _____ Date: _____

D. DOE NEPA Compliance Officer:

The preceding pages are a record of documentation required under DOE Final NEPA Regulation, 10 CFR § 1021.400.

- Action may be categorically excluded from further NEPA review. I have determined that the proposed action meets the requirements for Categorical Exclusion referenced above.
- Action requires approval by Head of the Field Organization. Recommend preparation of an Environmental Assessment.
- Action requires approval by Head of the Field Organization or a Secretarial Officer. Recommend preparation of an Environmental Impact Statement.

Comments/limitations if any:

If conditions indicated in III B change, an activity specific EENF form should be completed.

NEPA Compliance Officer:

Name: *Peter Siebach*
Peter Siebach